

SOUTH-WEST METROPOLITAN
REGION



GRAYLINGWELL HOSPITAL
CHICHESTER

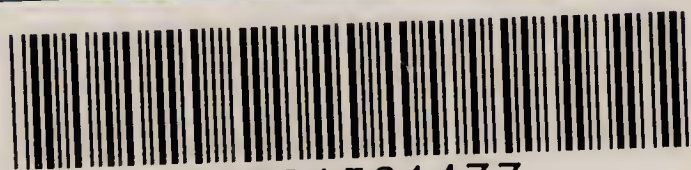
(Group No. 45)



SIXTY-FOURTH
ANNUAL REPORT

1961





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SOUTH-WEST METROPOLITAN REGION

SIXTY-FOURTH

ANNUAL
REPORT

of

GRAYLINGWELL HOSPITAL

CHICHESTER

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The Management Committee

MR. W. G. S. NAUNTON, (*Chairman*).

DR. MARY COOPER, M.B., B.S.

MR. J. W. COPITHORNE.

MR. H. H. CORDERY, B.E.M.

MRS. A. F. EASTLAND.

DR. L. C. de R. EPPS, M.A., M.B., B.Ch.

MRS. E. M. HOLMAN.

MR. N. LONGLEY, C.B.E.

MRS. P. B. P. NAUNTON, J.P.

MRS. B. E. NEWMAN.

MR. P. A. NORMAN, J.P.

MR. W. D. PASSMORE.

MR. J. C. L. PHILLIPS, L.D.S., M.R.S.H.

MR. R. M. TILLING.

MR. D. D. URQUHART, D.L.

VACANCY

Sub-Committees

Estate :

MR. W. D. PASSMORE, (*Chairman*)

MR. H. H. CORDERY

MR. P. A. NORMAN

MR. J. W. COPITHORNE

MR. J. C. L. PHILLIPS

House :

DR. MARY COOPER, (*Chairman*)

DR. L. C. de R. EPPS

MRS. B. E. NEWMAN

MR. N. LONGLEY

MR. R. M. TILLING

Finance :

MRS. P. B. P. NAUNTON, (*Chairman*)

MRS. A. F. EASTLAND

MRS. E. M. HOLMAN

MR. D. D. URQUHART

Secretary of the Management Committee :

MR. E. C. ENGLAND, F.H.A.

VISITING STAFF



| | |
|---|---|
| <i>Physicians</i> | { J. F. P. SKRIMSHIRE, M.D., M.R.C.P. J. N. MICKERSON, M.D., M.R.C.P. |
| <i>Physicians in Neurology and E.E.G.</i> | { B. G. PARSONS-SMITH, O.B.E., M.D., F.R.C.P. J. FOLEY, M.D., M.R.C.P. |
| <i>Chest Physician</i> | J. EDGAR WALLACE, M.D. |
| <i>Honorary Psychiatrist</i> | MARTIN ROTH, M.D., M.R.C.P., D.P.M. (<i>Professor of Psychiatry, University of Durham</i>) |
| <i>Surgeons</i> | { R. P. M. MILES, F.R.C.S. A. G. ROSS, F.R.C.S.I. |
| <i>Neuro-Surgeon</i> | WYLIE McKISSOCK, O.B.E., M.S., F.R.C.S. |
| <i>Ophthalmologists</i> | { NIGEL CRIDLAND, M.A., D.M., D.O. P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S |
| <i>Surgeon, Ear, Nose and Throat Department</i> | J. H. HARLEY GOUGH, M.A., M.R.C.S., L.R.C.P. |
| <i>Anaesthetists</i> | { S. E. OSBORNE, F.F.A.R.C.S., D.A. C. PRIDEAUX, F.F.A.R.C.S., D.A. J. R. BENNETT, F.F.A.R.C.S. |
| <i>Radiologist</i> | J. B. LATTO, M.R.C.S., L.R.C.P., D.M.R. |
| <i>Pathologists</i> | { D. P. KING, M.D. (Cantab.) C. H. R. KNOWLES, M.D. PHYLLIS DAGNALL, B.Sc., M.D., D.C.P. |
| <i>Consultant, Public Health and Hygiene</i> | T. McL. GALLOWAY, F.R.C.P., D.P.H., Dr. P.H (<i>County Medical Officer of Health</i>) |
| <i>Dermatologist</i> | E. COLIN JONES, M.B., B.S. |
| <i>Dental Surgeon</i> | D. ROBERTSON-RITCHIE, F.D.S., H.D.D., L.D.S. |

OFFICERS

| | | | | | | | | | | |
|--|---|--|---|---------------------------|-----------------------------------|--|------------------------------------|--|--|--|
| <i>Consultant Psychiatrist and Medical Superintendent.....</i> | JOSHUA CARSE, M.D., D.P.M. (Consultant Psychiatrist to the Royal West Sussex Hospital, Chichester, Worthing Hospital & Horsham Hospital) | | | | | | | | | |
| <i>Consultant Psychiatrist and Deputy Med. Superintendent</i> | JOHN D. MORRISSEY, M.D., D.P.M. (Consultant Psychiatrist to the Chichester Group Hospitals) | | | | | | | | | |
| <i>Consultant Psychiatrist.....</i> | JOHN TOWERS, D.M., D.P.M. | | | | | | | | | |
| <i>Psychiatrists</i> | <table><tr><td><table><tr><td>NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M.</td><td rowspan="2">} <i>Worthing Service</i></td></tr><tr><td>A. ALAN-WATT, M.B., Ch.B., D.P.M.</td></tr></table></td><td></td></tr><tr><td>H. M. MCBRYDE, M.B., B.Ch., D.P.M.</td><td></td></tr><tr><td>J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P., D.P.H., D.P.M.</td><td></td></tr></table> | <table><tr><td>NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M.</td><td rowspan="2">} <i>Worthing Service</i></td></tr><tr><td>A. ALAN-WATT, M.B., Ch.B., D.P.M.</td></tr></table> | NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. | } <i>Worthing Service</i> | A. ALAN-WATT, M.B., Ch.B., D.P.M. | | H. M. MCBRYDE, M.B., B.Ch., D.P.M. | | J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P., D.P.H., D.P.M. | |
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| NYDIA E. PANTON, M.A., M.B., Ch.B., D.P.M. | } <i>Worthing Service</i> | | | | | | | | | |
| A. ALAN-WATT, M.B., Ch.B., D.P.M. | | | | | | | | | | |
| H. M. MCBRYDE, M.B., B.Ch., D.P.M. | | | | | | | | | | |
| J. P. SCRIVENER, M.B.E., M.R.C.S., L.R.C.P., D.P.H., D.P.M. | | | | | | | | | | |
| <i>Psycho-Therapist</i> | BRIAN H. VAWDREY, M.A., M.D., D.P.M. | | | | | | | | | |
| <i>Senior Registrars.....</i> | <table><tr><td>A. R. JONES, M.R.C.S., L.R.C.P., D.P.M.</td></tr><tr><td>N. KAYE, M.B., B.S., D.P.M.</td></tr></table> | A. R. JONES, M.R.C.S., L.R.C.P., D.P.M. | N. KAYE, M.B., B.S., D.P.M. | | | | | | | |
| A. R. JONES, M.R.C.S., L.R.C.P., D.P.M. | | | | | | | | | | |
| N. KAYE, M.B., B.S., D.P.M. | | | | | | | | | | |
| <i>Registrars.....</i> | <table><tr><td>W. R. COSTAIN, M.B., B.S. (Lond.), D.P.H.</td></tr><tr><td>J. D. EARP, M.B., Ch.B.,</td></tr></table> | W. R. COSTAIN, M.B., B.S. (Lond.), D.P.H. | J. D. EARP, M.B., Ch.B., | | | | | | | |
| W. R. COSTAIN, M.B., B.S. (Lond.), D.P.H. | | | | | | | | | | |
| J. D. EARP, M.B., Ch.B., | | | | | | | | | | |
| <i>Junior Hospital Medical Officers</i> | <table><tr><td>J. S. BLAND, B.A., M.B., B.Chir. (Cantab) D.P.M.</td></tr><tr><td>H. E. HUGHES-ROBERTS, B.Sc., M.B., B.Ch.</td></tr></table> | J. S. BLAND, B.A., M.B., B.Chir. (Cantab) D.P.M. | H. E. HUGHES-ROBERTS, B.Sc., M.B., B.Ch. | | | | | | | |
| J. S. BLAND, B.A., M.B., B.Chir. (Cantab) D.P.M. | | | | | | | | | | |
| H. E. HUGHES-ROBERTS, B.Sc., M.B., B.Ch. | | | | | | | | | | |
| <i>Senior Clinical Psychologist</i> | L. R. C. HAWARD, Dr. Psy. (Leiden), M.A., A.M.Inst.E., A.B.P.S. | | | | | | | | | |
| <i>Chaplain.....</i> | REV. C. W. FULLJAMES. | | | | | | | | | |
| <i>Chaplain, Free Church.....</i> | REV. A. W. CROWTHER. | | | | | | | | | |
| <i>Chaplain, R.C.....</i> | REV. LANGTON D. FOX. | | | | | | | | | |
| <i>Secretary of the Management Committee, Finance and Supplies Officer</i> | <table><tr><td>E. C. ENGLAND, F.H.A.</td></tr></table> | E. C. ENGLAND, F.H.A. | | | | | | | | |
| E. C. ENGLAND, F.H.A. | | | | | | | | | | |
| <i>Deputy Secretary.....</i> | K. BRODIE, A.H.A., A.R.S.H. | | | | | | | | | |
| <i>Matron</i> | L. DE GRAS, S.R.N., R.M.N., S.C.M. | | | | | | | | | |
| <i>Sister Tutor.....</i> | B. B. NASH, S.R.N., R.M.N. | | | | | | | | | |

Chief Male Nurse..... G. R. PRATT, S.R.N., R.M.N., R.M.P.A.
Psychiatric Social Workers { M. JOSEPHINE BUTCHER *Barrister at Law.*
GRACE CANNON, B.Com. *Worthing Service*
VACANCY
Hospital Almoner V. ARENDT, A.M.I.A.
Physiotherapist M. W. HARRY, M.C.S.P., M.E., L.E.T.
Chiropodist R. C. COLLIER, M.Ch.S.
Head Occupational Therapist J. M. MEADER, M.S.A.O.T.
Senior ,, ,, M. CROMAR, M.A.O.T. *Worthing Service*
Co-ordinating Officers for { M. CARTER, S.R.N., R.M.N.
O.T. and Social Therapy { VACANT
Chief Pharmacist..... E. FARLEY, M.P.S., D.B.A.
Chief Laboratory Technician H. A. SEYMOUR, A.I.M.L.T., M.R.I.P.H.H.
Superintendent Engineer... H. S. WESTON, A.M.I.E.E., M.I.H.E.,
M.I. Plant E.
Building Supervisor..... H. R. WILLS

RESEARCH DEPARTMENT

Consultant Psychiatrist and
Director..... PETER SAINSBURY, M.D., D.P.M.
Psychiatrist..... J. W. T. REDFEARN, M.D., D.P.M.
Senior Registrar..... N. B. KREITMAN, M.D., D.P.M.
Psychologist J. B. KNOWLES, B.Sc. Dip. Psych.
Sociologist J. C. GRAD, Ph.D.
Psychiatric Social Worker J. COLLINS, B.Sc. (Econ.)
Physicist J. C. SHAW, B.Sc., A.M.I.E.E., C.M.E.P.T.A.

SOUTH-WEST METROPOLITAN REGION.

Graylingwell Hospital, Chichester

(Group No. 45)

The Thirteenth Report of the Management Committee
being the

SIXTY-FOURTH

Annual Report of Graylingwell Hospital

The Graylingwell Hospital Group Management Committee have pleasure in submitting their Report for the year ended 31st March, 1961.

In the previous report, reference was made to the sudden and greatly regretted death of Dr. H. Seaward Morley which occurred on the 5th July, 1960. Dr. Morley was not only a member of the Hospital Management Committee but also Consultant Physician to the Hospital and in both capacities he had endeared himself to all with whom he came into contact; he has been greatly missed.

The vacancies thus created have been filled by the appointment to the Management Committee of Mr. J. C. L. Phillips and to the post of Consultant Physician of Dr. J. N. Mickerson. To both gentlemen a warm welcome is extended.

The outstanding event of the year was undoubtedly the coming into full operation on the 1st November of the Mental Health Act 1959.

It was not to be expected that the new Act would have any immediate or considerable impact upon the Hospital in general. It should be explained that the Lunacy Act of 1890 required that all hospitals for the treatment of mental illness should be designated as such by the Minister of Health. In anticipation of changes in the law, however, Graylingwell was officially permitted to 'de-designate' many of its Wards some years previously and to such Wards patients could be admitted entirely without formality.

The fullest advantage was taken of this concession and, in consequence, at the commencement of 1960 only 26 of the 994 patients in residence were certified, the remaining 968 being 'Informal.'

When the new Act superseded the Lunacy and Mental Treatment Acts, the Medical Staff decided that in only 16 cases was it necessary to recommend the continuance of compulsory powers of detention and at the end of 1960, of the 979 patients on the books only 29 were compulsorily detained.

The new Act has, however, made wide reaching changes especially in matters of admission and discharge procedures; the requirement as to designation has been repealed and in this respect, therefore, a psychiatric hospital is now on a parity with a general or any other type of Hospital.

While it is not the function of this Report to give a detailed commentary on the new Act, reference to some of its main provisions may be of interest.

Prior to the 1st November, 1960, there were three categories of patients who could be admitted to a designated mental hospital, viz: Voluntary, Temporary and Certified.

These classifications are no longer valid and instead there are Informal, Observation and Treatment cases. In practice it is found that the most convenient method of classification is by referring to the Section of the Act under which a patient is admitted. Thus we have Section 5, 25, 26, 29 and 60 patients.

Section 5 patients are the patients who come to the Hospital voluntarily and are known as Informal Patients. There are no statutory requirements either with regard to admission or to discharge.

Section 25 patients come for observation for a period not exceeding 28 days. Application for admission is made either by

the nearest relative or by a Mental Welfare Officer supported by two medical recommendations.

Section 26 patients are treatment cases who are unwilling to enter hospital but whose detention is considered absolutely necessary in their own interests or those of the community.

Section 29 is for cases of emergency. An application by the nearest relative or Mental Welfare Officer supported by a single medical recommendation is sufficient authority to detain a patient in hospital for a period of 72 hours.

Section 60 patients are those who are referred to the Hospital by a Court of Law.

The majority of the patients are of course admitted under Section 5 and admissions under Section 26 and 60 are comparatively infrequent. Where a patient is admitted under Section 25 it is most likely either that he will have recovered before the expiration of the 28 days' period of observation or that he will elect to remain for a further period as a Section 5 patient.

Similarly a Section 29 patient is likely to be reclassified under Section 25.

With regard to the discharge of patients, it had previously been the prerogative of the Management Committee to discharge a certified patient and also to grant leave of absence. Now it is a matter for the Medical Officer in charge of a case to decide when the patient is well enough to leave the hospital or to be granted leave of absence.

In exceptional circumstances, however, three members of the Committee may use special powers to discharge a patient even against the advice of the doctor in charge.

Relatives too may authorise the discharge of a patient who is detained under Section 26 unless, of course, dangerous propensities are involved.

The interests of patients are further protected by the rights given to them and their relatives to appeal to the special Mental Health Tribunals which have been especially set up for this purpose.

The Tribunals have to some extent taken over the powers formerly exercised by the Board of Control which went out of existence on the 31st October, 1960. The Committee have much appreciated the help and advice which have so readily been given

by the Board and their Commissioners especially on the occasions of the latters' annual visits to the Hospital. The last of such visits was in fact made by Mr. A. K. Ross on 12th October, 1960, and a copy of his report is appended.

The Hospital is fortunate in having an almost complete Community Service at its command—almost because the Horsham area is still without a Day Hospital; despite continuous search, no house has yet been found which is suitable in every respect to be adapted for this purpose.

'The Acre' at Worthing and the Summersdale Day Hospital at Chichester have been the means of preventing the admission of hundreds of patients to the Hospital, which emphasises the urgent desirability of providing a similar facility for the residents of the Horsham district at the earliest possible moment.

This project continues to attract the widest interest and there can be few Countries who have not, at some time or other, sent representatives to see for themselves how the system functions.

In June 1960, Dr. Carse produced a Report, 'The Community Services of Graylingwell Hospital' in which he discussed in considerable detail the various aspects of the service from its inception on the 1st January, 1957, to the 31st December, 1959. He makes further comments and brings the statistical information up to date in the Medical Superintendent's Report which follows.

Expenditure on the maintenance of In-Patients increased from £429,760 to £469,399 which means that the cost per week per patient has risen from £8 11s. 10d. to £9 8s. 11d. an increase of 17/1d.

This may appear to be considerable but an analysis of the figure shows that no less than 5/8d. of the increase is attributable to increases in salaries and wages and 6/10d. is in respect of extraordinary maintenance of a non-capital nature incurred in the up-grading of Amberley and Anderson Wards. The fact that there are less patients in residence amongst whom to apportion the overhead running costs accounts for a further 1/2d. per week.

One other item of expenditure calls for comment, viz: 'Drugs and Dressings' which is responsible for an increase of 11d. This is an indication of the growing importance of drug therapy in psychiatric hospitals and although its value cannot be assessed in purely financial terms it can be economically justified by the shortening of periods of in-patient treatment, as they certainly can be, by the speedy relief of depression and other complicated manifestations of mental ill-health.

No doubt the great advances which have been made in the therapeutic field are in part responsible for the forecast recently made by the Minister of Health with regard to future trends in the Mental Health Service.

The Management Committee would not venture to prophesy what is likely to happen in West Sussex over the next ten to twenty years, but it is most reassuring to realise that chronicity in patients is largely being avoided and from this it may be inferred that in the not too distant future the hospital population will to a large extent consist of patients who can be treated and discharged within a matter of a few weeks.

There is, of course, not the slightest possibility of psychiatrically trained nurses becoming redundant and the Committee earnestly hope that many more young men and women will seriously consider offering themselves for this important social work.

An illustrated brochure may be obtained from either the Chief Male Nurse or the Matron, not the least interesting part of which is the section dealing with the activities of the Staff Social and Athletic Club. This is a most thriving and popular organisation controlled by the staff themselves who have recently added a Motor Club and a Sailing Club to their many other activities; they are now seriously considering the possibility of providing a Swimming Pool.

The important work of improving the standard of patients' accommodation has continued; reference has already been made to the up-grading of Amberley and Anderson Wards which was undertaken by the Regional Hospital Board with extremely satisfactory results; work on Eastergate and Fawcett Wards is to be commenced in 1961-62 and the Committee hope that the process will continue until the whole Hospital has been completely modernised.

The prolonged and serious illness of Mr. J. C. Chynoweth, the Superintendent Engineer, has inevitably delayed the execution of much important maintenance work. To the Committee's regret, it became apparent that Mr. Chynoweth's illness was such that it was unlikely that he could resume his duties and he did, in fact, resign his appointment with effect from the 31st December, 1959. The Committee wish to pay tribute to the outstanding qualities and the ability of Mr. Chynoweth and to thank him for his conscientious devotion to duty over a period of 30 years. They express the hope that his health will improve so that he will be enabled to enjoy many years of happy retirement.

Items of special interest undertaken by the Maintenance Staff during the year include:—

- Upgrading of Amberley and Anderson Wards.
- Erection and services to Deep Litter House.
- Construction of garden frame lights.
- Tiling of Kitchen floor.
- Installation of Vent Axia fans.
- Male and Female Corridor decorations.
- Repainting of Main Kitchen.
- Renewal of Condensate pipework in Boiler House.
- Rebuilding chimneys—Kingsmead Villa and Havenstoke.
- Rubber floors for Nightingale Ward.
- Re-surfacing Paths and Roads in Kitchen Gardens.

Advantage was taken of Mr. Chynoweth's retirement to conform to the modern practice of separating engineering duties from the maintenance of building work, and the Committee were fortunate in securing the service of Mr. H. S. Weston as their Superintendent Engineer. A member of the Hospital Staff, Mr. H. R. Wills, was promoted to the post of Building Supervisor.

The Medical Superintendent having elected to become non-resident, the Regional Hospital Board accepted a proposal that the house which he vacated should be converted into two flats for junior medical staff and 10 bedrooms with ancillary accommodation for male nurses, and work on this scheme is in progress.

A small house on the Estate known as Martin's Farm Cottage has been condemned by the Architect to the Regional Hospital Board as unsuitable for use as residential accommodation; it is at present being adapted for use by the Department of Psychology for which purpose it is quite suitable. This is the second house to be condemned in recent years and the Committee have recommended that they should be replaced and also that a Bungalow should be provided for the Matron.

For many years, the Roman Catholic Chaplain to the Hospital has called attention to the absence of a Chapel and to the unsatisfactory nature of the arrangement whereby Services were held in the Day room of a Ward. Until now it has not proved possible to solve this problem, but the Committee are glad to report that an out building has become available and is in process of being converted into a Chapel for the exclusive use of the Roman Catholic community of the Hospital.

To the regret of the Committee, the Revd. R. R. Minton resigned his appointment as part-time Church of England Chaplain on his acceptance of a Benefice at Streatham Park, London. The Committee take this opportunity of expressing their thanks to him for the help and guidance he has given to patients and staff over a period of seven years, and to wish him well in his new Parish.

The Revd. C. W. Fulljames has been appointed to succeed him and in the interregnum the duties of the Chaplaincy have been undertaken by the Revd. F. T. Maydew and by the Revd. Canon S. L. Buckwell (a former Chaplain) and to both Gentlemen the Committee extend their appreciation.

Mrs. M. E. Paget who, under the auspices of the W.V.S. had for many years acted as Honorary Librarian, felt unable to continue these somewhat onerous duties and the Committee wish to express their sincere thanks to her and her loyal team of helpers for the valuable service which they have rendered to the Hospital.

With a little supervision from the Matron and Chief Male Nurse and benevolent assistance from the W.V.S. the patients themselves are now running the Library and doing remarkably well.

It is appropriate at this juncture to express thanks to the members of the W.V.S. not only for their help in the library but for their regular attendance to dispense tea, etc., on visiting days and for the many other services which they so willingly render.

The Committee have, in fact, reason to be grateful to many voluntary organisations and societies who so kindly arrange entertainments and provide amenities for the patients.

There are, for instance, two Leagues of Friends, one which holds monthly Coffee mornings with Guest Speakers at Worthing and mainly concentrate their efforts on providing theatre and other excursions, presents for friendless patients at Christmas time and such like kindnesses, all of which are greatly appreciated.

The other League operates in the Chichester area and devotes its energies to the welfare of the three Hospitals in the City. The patients and staff of this Hospital have derived considerable benefit from their generosity and kindly interest.

The Committee cannot speak too highly of the work of these organisations and warmly commend them to those who would

like to contribute or participate in any way in this most valuable social service. For their benefit the names and addresses of the honorary secretaries and treasurers are :—

Worthing and District League of Friends of Graylingwell Hospital

Honorary Secretary :

Mrs. V. AUSTIN,
‘Villa Mar,’
Amberley Drive,
Goring by Sea,
Sussex.

Honorary Treasurer :

Mr. S. A. WARRENDER,
c/o Barclays Bank Ltd.,
Heene Road,
Worthing,
Sussex.

Friends of Chichester Hospitals

Honorary Secretary :

Mr. D. ROBERTSON-RITCHIE,
Market House,
Market Avenue,
Chichester, Sussex.

Honorary Treasurer :

Mr. H. CLARKSON,
c/o Barclays Bank Ltd.,
Chichester,
Sussex.

It is a pleasure to refer to the Selsey Women's Institute in particular, the members of which continue regularly to invite parties of patients to their own homes, a most hospitable gesture which provides great enjoyment.

All departments of the Hospital have continued to work efficiently and harmoniously. The Medical Superintendent's Report which follows contains most interesting information concerning the various forms of treatment which have been used together with full statistical data relating to admissions, discharges and deaths.

Some of the utility departments provide pleasant and instructive occupation for patients; for example the Printing Department usefully occupies several patients each day and is able to cope with all this Hospital's requirements and in addition is of assistance to other Hospital Groups.

Two members of the staff retired after long and faithful service at Graylingwell Hospital, viz : Mr. Cecil C. G. Green who served for many years as Farm Foreman and Mr. Gordon J. Cole after 31 years service, latterly as Foreman Painter.

The Nurses' Prizegiving was held on the 10th December, 1960, when Mr. F. E. Sowden, J.P., Chairman of the Mental Health Committee of the Regional Hospital Board kindly presented the awards.

The Committee were extremely gratified to receive the sum of £200 from Major W. G. Hurt to be applied in establishing a special prize fund in memory of the late Mrs. Minna Hurt. Major Hurt was Military Registrar for the Emergency Hospitals in the Chichester area during the last War and Mrs. Hurt was always ready to help in time of special need at the Summersdale Emergency Hospital.

As always it is a great pleasure to pay tribute to Dr. Joshua Carse, the Medical Superintendent and to Mr. E. C. England the Group Secretary, together with their respective staffs, for it is upon them that the smooth running of the hospital depends.

The foregoing Report and the Report of Dr. Carse give an indication of the enormous amount of work that is done in the Hospital and at the Day Hospitals and Clinics during the course of a year.

The team work and excellent relationships within the Hospital make this possible and we congratulate all concerned on the conclusion of yet another successful year.

Signed on behalf of the Hospital Management Committee at a meeting held on the 26th day of October, 1961.

W. G. S. NAUNTON,
Chairman.

ANNUAL REPORT OF THE MEDICAL SUPERINTENDENT.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

26th October, 1961.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Sixty-Fourth Annual Report of your Hospital for the year ended 31st December, 1960, together with an account of its community and extra-mural services.

1. THE COMMUNITY SERVICES OF GRAYLINGWELL HOSPITAL.

A. WORTHING & DISTRICT PSYCHIATRIC SERVICE.

The above Service has been in operation nearly five years and has now settled down into a steady pattern. Employed in the Service are two full-time psychiatrists, Dr. Nydia E. Panton and Dr. A. Watt, while Dr. H. McBryde and I give part-time assistance. The nursing staff consists of two doubly-trained sisters, two staff nurses (one half-time), one nursing assistant and one ward orderly. For the treatment of male patients the necessary staff is supplied from Graylingwell by the Chief Male Nurse who, with the Matron and their senior staff, visit The Acre periodically. The social work is carried out by one psychiatric social worker, while a senior occupational therapist organises the patients' work and physical exercise. The secretarial work is undertaken by one full-time medical secretary and one half-time, and we also have a full-time telephonist.

During 1960, 1372 new cases were referred to the Service and of these only 296, or 21.6% required hospitalisation. The remainder were effectively treated as out-patients. They were seen, in approximately equal proportions, at the day hospital and the psychiatric clinic by appointment, and in their own

homes. During the same period 127 patients discharged from Graylingwell received follow-up treatment as out-patients in the Worthing Service. The object of the Service, however, is not so much to produce a reduction in the admission rate to the parent mental hospital, but to work with it in providing a comprehensive psychiatric service which meets all the needs of the community. In-patient treatment will always be required for a certain proportion of patients, but it is interesting to note that in 1956, before setting-up the Worthing Service, 645 patients were admitted to Graylingwell Hospital, whereas last year 296 were admitted—a reduction of 54.1%.

The Day Hospital at The Acre, Boundary Road, Worthing, had its usual busy year. The number of day patients, however, remained fairly constant, averaging between 20 and 30 each day. They arrive at 9 a.m. and leave at varying times up to 7 p.m. according to their needs. Free meals are provided. All have treatment and all take part in occupational therapy and physical exercise. Today almost all the treatments available in hospital can be successfully given to out-patients. In addition to the day patients, however, who attend regularly for periods up to three months, anything up to 40 other patients may attend by appointment for some form of special treatment.

At this point I would like to acknowledge with grateful thanks the help we have received from the Hospital Car Service of the Local Authority, without whose co-operation the Service would be unable to function.

As is well known, Worthing—and indeed the whole County of West Sussex—has a very high proportion of elderly and aged people. Actually, nearly one-third of the patients who were referred to the Service in 1960 were aged 65 or over. An out-patient treatment service, however, can make a useful contribution to the psychiatric care and treatment of this large group of patients. The most pronounced effect is on the group of elderly patients: that is, patients aged 65-74 years, and here the majority have been successfully treated as out-patients. In 1960, we sent 57 of these patients into hospital—which is a reduction of 55.5% on the 128 who were sent in in 1956. With regard to the old age groups; that is, patients aged 75 and upwards, the effectiveness of the Service has not been so marked, and, as I have said on previous occasions, I do not believe that we have yet found a complete solution to the care and treatment of this group and much more research is required. Using such treatments as we

had, however, we brought about a reduction from 70 admissions in 1956 to 59 in 1960—a decrease of 15.7%.

An out-patient treatment service inevitably shows its greatest impact on patients suffering from milder and more recent illnesses and these were formerly admitted to hospital as short-stay patients. Now that these patients are no longer being admitted it has been suggested that only hopeless and irrecoverable cases are now being brought into hospital. A follow-up study of these admissions, however, reveals that this is far from the case. Of the 284 patients admitted in 1957, only 8 are still on the books of the hospital. Again, of the 247 patients who came in in 1958, only 14 are still on the books, while for 1959, of the 269 admitted, only 25 remain. Finally, just eight months after the end of 1960, we find that of the 296 admitted during that year, only 31 are still on the books. It appears, therefore, that of the 1096 patients admitted during the past four years from Worthing and district, only 78, or 7.1%, are still hospitalised. Some of these patients, however, will eventually be discharged because it has been shown that 4% of all discharges occur after the fifth year in hospital (Tooth and Brooke, *Lancet* April 1st, 1961). What is happening, of course, is that the cases now being admitted to hospital are similar to those in previous years, but they are fewer in number and for clinical and social reasons they could not be adequately treated as out-patients.

A large proportion of the patients being treated as out-patients are suffering from depression and in some cases this depression is quite severe. Some anxiety has been felt that out-patient treatment might cause an increase in the suicide rate for the area. Through the kindness of H.M. Coroner, we have been given access to all the files dealing with suicides and the following are the facts: in 1956 (the control year), there were 20 suicides; in 1957 there were 22; in 1958, 21; in 1959, 20, and last year there were only 15 suicides in the Worthing area. Personally, I do not believe that the Worthing Service can have any significant effect on the suicide rate because it is well known that patients who are really determined on suicide rarely consult anybody. Where the background and family situation are favourable, however, we believe that those depressed patients who do ask for our help can be safely treated as out-patients. There should, however, be no delay.

B. THE CHICHESTER AND DISTRICT PSYCHIATRIC SERVICE.

The Chichester Service was started on 1st January, 1958, and is modelled on that already in operation in Worthing, with the difference that the existing staff of Graylingwell Hospital have undertaken the extra work involved with no additional help of any kind. Dr. Morrissey and his colleagues, Dr. Towers and Dr. Scrivener, and indeed all members of the staff concerned, are to be congratulated, for without additional effort and excellent team work the Service could not have been set up.

During 1960, 647 new cases were referred to the Chichester Service, of whom 292 required hospitalisation, the remainder being treated effectively as out-patients. The control year for the Chichester Service is 1957, when 463 patients were admitted to the Hospital. The work of the Service, therefore, has brought about a reduction of 37% in the admission rate, but, as has already been said, more interest is being shown in providing a comprehensive psychiatric service than merely bringing about a reduction in the number of patients being admitted into hospital. That fewer patients require long periods of hospitalisation is again seen in the follow-up studies of the patients admitted from the Chichester area. Of the 228 patients admitted in 1958, only 13 still remain on the books of the hospital. Again, of the 263 admitted in 1959, only 16 are still with us, while of the 292 admitted in 1960, only 35 remain in hospital. This confirms what I have previously reported: that the patients now coming into hospital are similar to those in previous years but they are fewer in number and require in-patient treatment for social or clinical reasons.

Part of the women's side of Summersdale Villa is used as the Day Hospital for the Chichester Service and although this villa is in the grounds of the hospital it has its own separate entrance and has proved to be suitable for the purpose. Between 20 and 30 day patients attend on five days a week and the organisation of this unit is similar to that at Worthing. There is, of course, in addition a large number of patients who attend by appointment for special treatment.

The Chichester Day Hospital, being part of Graylingwell itself, is not only performing a valuable service in treating many out-patients, but it enables the staff of the hospital to treat both out-patients and in-patients and learn the subtle differences between these two types of patients. As in Worthing, the

members of the Nursing Staff are able to pay domiciliary visits on suitable patients. So far the numbers have been small but I believe that as we gain experience there is a big future for this kind of nursing service.

The combined effect of the two services on the hospital itself has been quite considerable. Apart from the reduction in the number of patients being hospitalised there have been less occupied beds. At the end of 1956 there were 1095 patients in hospital, while at the end of 1960 there were 979—a reduction of 10.6%. Fewer beds being occupied means, of course, a very large reduction in the number of “in-patient days.” In 1956 there were 403,588: in 1960 there were 53,076 less. As it has been estimated that seven in-patient days are equivalent to at least £2 0s. 0d., this reduction represents a saving of £15,289. 14s. 0d.

2. HORSHAM AND CRAWLEY OUT-PATIENT CLINICS.

Despite the unremitting efforts of the Chairman of the Management Committee and myself, we have been unsuccessful in finding premises suitable to act as a day hospital in the Horsham area, thereby enabling us to set up in that district a Community Service similar to those in Worthing and Chichester. This is very disappointing indeed because clearly there is an obvious need for a community service in the northern part of the County. We have two active Clinics, however, one attached to Horsham Hospital and the second is held in the new Out-Patient Department at Crawley. Dr. B. H. Vawdrey is in charge of both and he has the assistance of Dr. A. R. Jones, Dr. J. S. Bland, Dr. N. Kaye and Dr. N. B. Kreitman, while Miss V. Arendt, Hospital Almoner, carries out the social work. Nothing yet has been done to provide Horsham Hospital with an adequate Out-Patient Department and conditions there for all specialities are highly undesirable.

Attendances for the combined clinics for the year 1960 amounted to: 349 new patients; total attendances 2974.

3. PUBLIC RELATIONS.

The days are over when psychiatric illness was something to be ashamed of and treatment in a mental hospital resulted in social death. This has been brought about by talking to the

ordinary man in the street about psychiatric illness and the importance of early treatment, together with encouraging visits to the hospital so that the public could see for itself how we are trying to help people who have been overtaken by one of the commonest of all illnesses.

I believe that public relations in this area are of a high order and over the years this has been brought about in a number of ways. First, I must again thank the family doctors of West Sussex who have done so much to help us by detecting the early signs and symptoms of illness and referring their patients to us promptly. Then we are very fortunate in having the assistance of the League of Friends of Chichester Hospitals and the Worthing and District Friends of Graylingwell. The patients have been greatly helped by these two organisations, both through the interest they have shown in providing amenities for the hospital and organising a large number of outings. I believe that the monthly coffee mornings held by the Worthing Friends of Graylingwell have done much to inform the public about psychiatry and Graylingwell. On each occasion a guest speaker has given a talk on some aspect of our work, in which the audiences have always shown the greatest interest.

The Womens Voluntary Services have continued to give us their generous and valuable assistance. Regularly they have attended on visiting days and helped to prepare and serve tea, while they have always been willing to give us help on any other matter.

The Women's Institutes have again taken a personal interest in the patients. During the summer months the Selsey W.I. have regularly entertained groups of long-stay patients in their own homes, while a number of other W.I's have arranged similar hospitality. These visits to the homes of ordinary people have been much appreciated by the patients and again this personal service, for which we are most grateful, has improved public relations.

Finally, I believe that the Community Services at Worthing and Chichester have themselves done much to improve public relations and remove from the minds of everyday people the fear of psychiatric illness. They now understand that wherever possible we try to help on an out-patient basis and that we recommend hospitalisation only when required.

4. GRAYLINGWELL HOSPITAL.

A. ADMISSIONS.

In view of the fact that the Mental Health Act 1959, came into operation on 1st November, 1960, it is difficult to discuss the admissions as in previous years but the following table gives the overall picture :

| | M. | F. | T. |
|----------------------|------------|------------|------------|
| Section 5 | 264 | 459 | 723 |
| „ 25 | — | 7 | 7 |
| „ 26 | — | 3 | 3 |
| „ 29 | 6 | 5 | 11 |
| Certified (1890 Act) | 39 | 70 | 109 |
| | <u>309</u> | <u>544</u> | <u>853</u> |

The average age on admission was 53.3 years. The proportion of elderly patients aged 70 and over on admission accounted for 24.9% of the total admissions for the year. During 1960, 74 patients aged 80 years or over were admitted, as compared with 66 in 1959.

84.8% of the total direct admissions were informal patients. Of the 109 classified as certified, 94 were admitted under Urgency Orders—an order authorising removal but lasting only seven days. Of these, 4 left at the expiration of the order, 3 were discharged under Section 72, 72 continued as informal, 3 died, and in only 12 cases was it necessary to proceed with full certification.

Of the 11 patients admitted under Section 29—an order authorising removal but lasting only three days and replacing the previous urgency orders—6 were reclassified as informal. In practice, therefore, 801 or 93.9% received treatment as informal patients.

B. INVESTIGATION AND TREATMENT.

Dr. J. D. Morrissey reports :—

We continue to carry out routine investigations on all patients admitted to hospital. In order to complete our investigations many patients are referred to the Departments of Clinical Psychology, X-ray, Neurology and Electro-encephalography.

There were two changes in the Visiting Consultant Staff during the year. Mr. Lynn Evans, Consultant Obstetrician and Gynaecologist, commenced fortnightly sessions here on 30th August 1960, and Dr. J. Mickerson was appointed Consultant Physician in December 1960. We extend a very warm welcome to them both. Dr. Olive Sharp, our Psychotherapist, left us in March 1960. Her wisdom and experience have been sadly missed. Dr. Vawdrey is now in charge of the Psychotherapy Department and he reports that the work has been continued along similar lines with teaching seminars, individual and group psychotherapy. At present two groups are held weekly, involving an annual rate of about 800 patient attendances. Medical and Nursing staff attend so that they can gain in experience and training.

The increase in the numbers of new drugs available for the treatment of the psychiatric patient continues. There are now some twenty-four of these drugs in common use. The phenothiazine derivatives are used in the treatment of acute states and in the management of chronic illness. Imipramine and the monoamine oxidase inhibitors are used in the treatment of mild and moderate depressive illnesses. It is claimed that their combination with E.C.T. helps to reduce the relapse rate after recovery from an attack. E.C.T. is still the treatment of choice in severe depressive states.

C. OCCUPATIONAL AND SOCIAL THERAPY.

Dr. J. Towers reports :—

Regular occupation is still considered to be a major part of a patient's treatment, although the year under review has not been one for spectacular new ventures. Four-fifths of all patients do some sort of work and efforts are continually being made to interest the remainder, almost exclusively geriatric. A few of them, for example, have been found to be quite adept at threading rubber links together to make mats.

Another problem of a different kind is concerned with the treatment of the younger patient who has been admitted to hospital because of behaviour disorders of a psychopathic kind. Very often he or she has a very poor work record and patience, tact and encouragement over a long period are required to bring about results. It is particularly with such patients that members of the Artisan Staff, co-operating with the nurses and occupational therapists, do excellent work and it is encouraging to see the

increasing number of patients who have improved to the extent of getting employment outside the hospital and eventually returning to the community as useful citizens. Even in the hospital, we feel that introducing a sense of responsibility is desirable where it can be practised—as, for example, in the library which the patients now manage entirely by themselves.

In the wards themselves the process of getting away from the institutional atmosphere continues and has been supported from several outside sources. Lister Ward, for the physically ill men, has been ‘adopted’ by the Funtington Girl Guides, students from the Theological College come and talk to patients, and the Worthing Friends of Graylingwell see to it that patients who have lost touch with relatives and friends are greeted on their birthdays and at Christmas time. Mention must also be made of the generous support of the Chichester Hospital Friends and of the many acts of kindness of certain individuals in bringing additional colour and comfort to the wards.

On the entertainment side the usual weekly programme of dances, play readings and cinema shows have been maintained and the monthly music concerts continue to draw an appreciative audience. Other musical events which have given much enjoyment to the patients included a concert by the Chichester Light Orchestra; Stainer’s ‘Crucifixion’ by the Subdeanery Augmented Choir under the direction of Mr. E. C. England; and a full stage performance of the Gilbert and Sullivan Opera, “The Yeoman of the Guard” by Slindon Amateur Operatic Society. No less than 273 patients enjoyed the show “Twinkle” on Worthing Peir, coupled with the generous hospitality of their hosts, the Worthing League of Friends of Graylingwell. A similar number also went to the circus at Chichester. This was the first time such a visit had been organised and it proved to be an unqualified success.

D. DISCHARGES.

The following table gives the discharges, departures, etc., during the year 1960.

| | Recovered | | | Relieved | | | Not Improved | | | Total | | |
|----------------------|-----------|-----|-----|----------|-----|-----|--------------|----|----|-------|-----|-----|
| | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| Section 5 | 98 | 149 | 247 | 116 | 243 | 359 | 31 | 47 | 78 | 245 | 439 | 684 |
| Certified (1890 Act) | 4 | 10 | 14 | 3 | 3 | 6 | — | — | — | 7 | 13 | 20 |
| | 102 | 159 | 261 | 119 | 246 | 365 | 31 | 47 | 78 | 252 | 452 | 704 |

During the year, 261 patients recovered from their illness and were discharged—a recovery rate of 30.6% calculated on direct admissions.

In addition, 365 patients whose condition was relieved left the hospital. Calculated on the total number of direct admissions, these two figures together give a percentage of 73.4 recovered and relieved.

E. GENERAL HEALTH.

During 1960 there were no cases of typhoid, dysentery or tuberculosis. There were no serious outbreaks of illness and the general health of the patients was satisfactory. To be able to make such a statement implies a high standard of medical and nursing skill and the staff are to be congratulated on the outstanding care and attention the patients have received.

During the past six years special emphasis has been placed on the rehabilitation of the long-stay or chronic patient. The introduction of the new drugs has undoubtedly been of assistance in this respect but the results achieved have been largely due to the work of the staff, particularly the nursing staff. We have been able to introduce into the hospital a way of life for our patients which is similar to that of ordinary people outside. During the day time men and women are encouraged to work at tasks similar to those which they would ordinarily be doing. In the evening their leisure is well catered for, as has been shown in Dr. Towers' report. Finally, holidays at home have been greatly stepped-up and many patients now have lengthy periods in their own homes. The result of all this has been that during this period we have been able to discharge into the community 120 chronic patients (M.64, F.56), some of whom had been with us for over 20 years. Our level of rehabilitation we believe to be a high one and before a chronic patient is discharged from hospital he must have reached a level where he can hold down a full-time job and receive the normal rate for the job. We have also been meticulous in ensuring that the patient's family was willing to have him home again. In the majority of cases follow-up interviews have been continued for long periods to make sure that he is maintaining a satisfactory level and is not imposing a strain on the community.

F. DEATHS.

Below are given figures relating to the deaths which occurred during 1960:

| | M. | F. | T. |
|----------------------|-----------|------------|------------|
| Section 5 | 60 | 101 | 161 |
| „ 25 | — | — | — |
| „ 26 | — | — | — |
| Certified (1890 Act) | 2 | 3 | 5 |
| | <u>62</u> | <u>104</u> | <u>166</u> |

The average age at death was 76.1 years. Post-mortem examinations were made in 70.5% of the cases. The death rate was 16.3%. Of the 166 patients who died last year, 39, or 23.5% had been in hospital one month or less. Apart from those patients who were ill on admission, the causes of death require no special comment, being mostly degenerative changes associated with senility.

G. HOSPITAL STAFF.

Since the last report there have been few changes in the composition of the medical staff: Dr. E. E. Cureton left and Dr. J. D. Earp was appointed Registrar in his place.

The Group Medical Advisory Committee has continued to give invaluable assistance in directing and co-ordinating the medical policy of the hospital. Dr. J. D. Morrissey is the Chairman and Dr. J. P. Scrivener is the Secretary.

There have been no changes in the Senior Nursing Staff since the last Annual Report.

During the year the training of nurses continued and Miss Nash, Senior Tutor, reports:

There has been no change in the policy of the school. During the year I have been assisted by Mr. W. P. Izzard qualified tutor, and have received willing help from other members of the hospital staff.

NURSES IN TRAINING.

| | Female 32 | Male 23 | Total 49 | |
|---------------------|-----------------|------------|-------------|--------|
| EXAMINATION RESULTS | | | | |
| | | | ENTERED | PASSED |
| FINAL | Female Students | | 8 | 8 |
| | Male „ | | 4 | 3 |
| PRELIMINARY | Female „ | | 1 | 1 |
| | Male „ | | 1 | 1 |
| INTERMEDIATE | Female „ | | 4 | 4 |
| | Male „ | | 6 | 6 |

H. OFFICIAL VISITS

| | |
|-----------------------|---|
| 22nd September, 1960. | Ministry of Pensions—Dr. E. M. Rollins. |
| 13th October, 1960. | Commissioner of the Board of Control—A. K. Ross, Esq. |

CONCLUSION

I have great pleasure in tendering my sincere thanks to all my colleagues, both professional and lay, for their loyal and willing co-operation, and I would like to thank you, Mr. Chairman, Ladies and Gentlemen, for your unfailing encouragement and help during the year.

I am Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JOSHUA CARSE,

Medical Superintendent.

ANNUAL REPORT OF THE CLINICAL PSYCHIATRY RESEARCH UNIT.

The data for the first part of our study which aims to compare the factors influencing admission to hospital in the Chichester community care service and the Salisbury psychiatric service has been collected and is at present being collated and analysed.

During the year of the study 670 new patients were referred in Chichester and 475 in Salisbury, and the doctors who saw the patients in both Graylingwell and the Old Manor Hospital undertook a great deal of extra work in order to complete the research forms on each of these patients so that comparable information was available from both areas.

A preliminary analysis by Dr. Grad of a sample of the patients seen showed that the community service recommended in-patient treatment for 28% of its patients as against 64% recommended for admission in the hospital centred service. This increased recommendation for treatment at home, at out-patient clinics and in the Summersdale day hospital applied to all age groups. Those most likely to be admitted in the community service were the aged and widowed and those who lived alone.

268 families of patients in Chichester and 150 in Salisbury were visited by Dr. Grad, Mrs. Collins and Mrs. Stamp during the year and comparable data about the family situation and the effect of the patient's illness collected. This data is at present being analysed. I presented a preliminary report on a sample of the cases seen by them to the 3rd World International Congress of Psychiatry in Montreal in June. The findings of this sample were that even though such a large proportion of the patients referred in Chichester were treated in the community the burden placed on families was not unduly increased. This was primarily because of careful selection of patients for admission. Those whose families were in poor health, had other social problems, or whose life was very disturbed by the patient's illness were more likely to be admitted than other patients whose family background was less upset.

A follow-up study of all patients visited in both areas is being planned for 1962, with the object of comparing the outcome of patients treated at home and those admitted to hospital, and assessing the longer term effects on the family of community and hospital care.

We are particularly grateful to the staff of Chichester psychiatric service and the Old Manor Hospital in Salisbury for contributing to this investigation.

Dr. Redfearn, working with Dr. Lippold and Mrs. Bindman of University College, has continued his work on the effects of passing small direct electrical currents through the brain. They have been examining healthy people and mental patients, as well as experimental animals, to study the effects of depolarisation currents on some physiological aspects of cortical functioning and to inquire into the nature of the electro-encephalogram. The psychological effects on humans have been further examined, and it seems that while extremely interesting mood changes occur they are variable and difficult to measure. In a stringent, but carefully designed, trial undertaken by this Unit in collaboration with other research units, neither the normal subjects nor the psychiatrists observing them could reliably distinguish the occasions when a cortical depolarisation current was passed from those in which it was not. However, by the use of apparatus which measures the amount of movement of the person during the experimental period Dr. Redfearn found it is possible to demonstrate objectively that behavioural changes do occur, and that they vary according to the direction in which the current is being passed through the brain.

Dr. Redfearn is continuing to do a good deal of analytical work, in particular on patients suffering from depersonalisation. He has also for the past year been conducting seminars with clergymen and probation officers, who bring individual case problems to the group for discussion and suggestions, and keep the group informed of progress in handling these cases. The discussions are making us more aware of the large gaps which still exist between mental health services and other social institutions on the one hand, and the life problems of people in the community on the other; they indicate the need for much more efficient liaison between case workers of various kinds who have the welfare of individuals at heart.

Dr. Kreitman has been working on psychiatric illness occurring in the spouses of hospital patients. The first question to decide was whether there was more mental illness among the husbands and wives of patients than might be expected to occur on a chance basis. Accordingly the hospital records for the last three years were examined, and it was found that there was, in fact, a significantly high number of married couples in the registers. From the details of onset and diagnosis, etc., it

appeared that one explanation for this might be that individuals predisposed to mental illness tended to marry each other. To investigate this possibility, a postal survey was carried out, whereby a group of patients and carefully matched controls were assessed on a number of variables, and their husbands and wives were similarly assessed. Preliminary results suggest that there is a closer correlation between patients and their spouses with regard to physical health and neuroticism than is found with normal subjects, but that they are less closely matched with regard to age and number of siblings. Further work is in progress in which the concordance of diagnosis in couples both mentally ill is being examined.

Following some unexpected observations on the Alpha rhythm of the E.E.G. made during earlier work on smoking, Dr. Kreitman and Mr. Shaw are currently co-operating in an investigation of Alpha-activity during experimental stress situations.

Since the last report Mr. Shaw has also continued his work on the development of apparatus for quantifying biological data recorded during psycho-physical experiments. The digital write-out device has been improved and a paper on this has been accepted for publication. Some techniques for integrating recorded biological signals have been examined, but no really suitable method has yet been found and this work is continuing. Mr. Shaw has also been assisting me with some experiments to test the relationship between fast activity in the E.E.G. and muscle tension. He has recently reviewed the application of topographic techniques to the analysis of the E.E.G. with a view to following up the work on "Potential Distribution Analysis" that he carried out some years ago.

Mr. Knowles has continued his research on the placebo effect. During the past year he has been concerned with two aspects of the problem. First, with descriptive aspects of the placebo responder and second, with possible mechanisms underlying the appearance of the placebo effect. Working with Dr. C. J. Lucas at University College he has completed a pilot study designed to assess the personality and attitudes of the placebo responder as opposed to the non-responder. As predicted, patients expressing favourable attitudes to doctors and treatment rated treatments, both active and inert, as having more beneficial effect on feelings of fatigue. This was also true of the more neurotic and introverted patients. Learning theory and in particular conditioning suggested that the placebo response may be an acquired, or conditioned, response. Preliminary experiments have given some support to this hypothesis and further work is planned.

Mr. Ongley is now whole-time assistant to Dr. Redfearn and during the year has developed a number of transducing devices and physiological stimulators for his research, to name only a few pieces of equipment. I would like to congratulate him on his promotion to a Technical Officer.

During the year the Research Department has started a Psychosomatic Clinic at St. Richard's Hospital. It is held weekly on Friday afternoons at 5.0 p.m. The purpose of the clinic is twofold: to contribute to Graylingwell Hospital's psychiatric out-patient services by providing a consultant service on cases which present primarily with somatic symptoms but in whom psychiatric treatment may be indicated because a psychological component appears to be either aetiologically important or aggravating the physical disorder. Secondly, to collect data on various aspects of psychosomatic disorders for research purposes. This will entail recording a lot of detail in every case. Consequently we shall be obliged to deal with a relatively small number of patients at each session.

Our interests at present are focussed on the problem of **hypochondriasis**, so to begin with we would prefer to see patients who have some persistent physical complaint or complaints but whose physical signs are equivocal, or whose physical pathology seems inadequate to account for their degree of distress.

We hope later to go on to investigate other aspects of psychosomatic disorders such as: (1) the physiological and psychological mechanisms underlying some common syndromes, such as low-back pain; (2) to make a careful psychiatric and social evaluation of various common disorders in which it seems to us important to establish whether or not psychological factors play a part, notably such gynaecological disorders as dysmenorrhoea and menorrhagia, also to study rheumatoid arthritis or hypertension from this point of view; (3) to examine the relation of certain common "stresses" (bereavement, retirement, etc.) to physical and mental illness.

I would like to express my thanks to the Joint Hospitals Medical Advisory Committee and to the Chichester Group Management Committee for their help and co-operation in getting this new clinic started.

Our other activities at Graylingwell have been to continue to teach for the D.P.M. and to organise a monthly Journal Meeting. I would like to extend the scope of these to provide more opportunities to discuss the research work being done by us

and other members of the hospital, which is not done often enough. All members of the Unit take a particular interest in assisting any clinical research plans which the staff of the hospital have. I am very pleased that two or three projects are now under way. I would like to congratulate Dr. McBryde as senior author of a paper in the Archives of General Psychiatry on the effect of pineal extract on chronic schizophrenia.

It is a pleasure to have Miss Jill Anderson join the secretarial staff to help Mrs. Crews who has worked so hard on behalf of everyone here. Miss Eade has also been a great help with the clerical side of the community care study.

Finally I welcome most gladly this annual opportunity for thanking Dr. Carse, the medical staff, as well as Mr. England and his departments, for always helping us. I am especially indebted for the trouble they have taken to achieve the nearly impossible task of finding us some further laboratory space.

Papers published and in the press, 1960-61.

- | | |
|---|---|
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- SAINSBURY, P. "Suicide in old age." Read to the Medical Section of the Royal Society of Medicine, November, 1960.
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- SAINSBURY, P. "The Clinical Psychiatry Research Unit at Graylingwell Hospital." Talk given to the Friends of Graylingwell Hospital at Worthing, January, 1961.
- SAINSBURY, P. "Obtaining Grants and allied problems of clinical research." R.M.P.A. Seminar, April, 1961. (To be published.)
- SAINSBURY, P. and GRAD, J. C. "An evaluation of community care: a preliminary report."
"An evaluation of community care: some findings on the aged."
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- SAINSBURY, P. "Tranquillisers in general practice." Talk given to the General Practitioners' Research Group, July, 1961.
- SAINSBURY, P. "The reliability of psychiatric diagnosis." Paper given at the Student Health Officers' Association A.G.M., July, 1961.
- SAINSBURY, P. "Suicide in later life." Paper read at the 3rd Congress of the International Association of Gerontology, The Hague, September, 1961.

PETER SAINSBURY,
Director.

REPORT OF THE COMMISSIONER OF THE BOARD OF CONTROL.

GRAYLINGWELL HOSPITAL,
CHICHESTER.

13th October, 1960.

Yesterday and today I paid this years' visit to Graylingwell Hospital on behalf of the Board of Control.

Only 12 of the 30 wards are still designated under the Lunacy and Mental Treatment Acts (which will be repealed on 1st November, 1960), and only 32 of the patients (and 8 of these are on leave) are now subject to the Acts: the 32 are all certified patients, and there are no voluntary or temporary patients on the books. The remaining 1,003 patients (314 men and 689 women) are all informal patients.

By invitation, I have been enabled to visit de-designated parts of Graylingwell and Summersdale, and also to see Woodfield House, Oving, and The Acre, Worthing, which is the centre of the Worthing and District Psychiatric Service, so that I have seen the non-statutory services at work, as well as the statutory services which were the primary concern of my visit.

A number of improvements have been carried out since the last visit was made on behalf of the Board of Control in June 1959. A very good sick ward for men has been created (to be called Lister Ward) on the ground floor of Duncton Ward, and Amberley Wards 1 and 2 have been redecorated and effectively improved. Work is now proceeding on the similar improvement of Anderson Wards 1 and 2. A long term project, the conversion of the whole hospital's electricity system to take A.C. from the public supply, is making progress, with the construction of a ring main round the estate.

Two enterprises are giving valuable opportunities for outdoor work by a number of patients: the laying down of a paved walk round the park, and the conversion of the old farm buildings to form an attractive Patients' Social Centre. There is already a gymnasium at the Centre, and other facilities will include a club room, a cafeteria, a 'laundrette' and possibly an industrial therapy unit.

It is hoped soon to convert the very large house which used to be the Medical Superintendent's residence into two flats for junior medical staff and 10 individual rooms for male nursing staff. The improvement of sanitary annexes and ward kitchens is to continue throughout the hospitals: those which have recently been improved are of a very high standard.

The wards visited were beautifully kept, and extremely comfortable. Curtains are widely provided, and the use of wall-paper instead of plain paint for the walls has given a pleasant variety to the appearance of the rooms. Framed railway posters are gradually being replaced by bright reproductions of contemporary paintings, with a very happy effect.

Everywhere there was an air of quiet contentment and activity, and the relationships between staff and patients were obviously good. Remarkably few patients were in bed, even in the wards for very elderly men and women.

Occupational therapy, as always at Graylingwell, is actively pursued and a high proportion of all the patients were occupied today: over 75 per cent. There is a full recreational programme, and a library, run by the W.V.S. and patients in co-operation, is much used: there is a warm reading room, and today there were a number of patients comfortably ensconced in it.

The two Leagues of Friends, at Worthing and Chichester, give valuable aid both in personal interest and by material gifts: it was encouraging to learn that the Worthing 'Friends' give substantial help at Graylingwell as well as in Worthing itself.

The nursing staff position is as follows (figures at the time of the last visit in June 1959 are given in brackets):

| | Whole time | | Part time | |
|----------------------------|------------|-----------|-----------|---------|
| | M. | F. | M. | F. |
| Certificated or registered | 65 (66) | 52 (45) | 7 (5) | 18 (18) |
| Nursing assistants | 16 (14) | 34 (31) | 1 (1) | 8 (11) |
| Student nurses | 14 (15) | 20 (28) | —(—) | -- (—) |
| | 95 (95) | 106 (104) | 8 (6) | 26 (29) |

Miss De Gras is Matron and Mr. Pratt is Chief Male Nurse.

As has been mentioned above, the great majority of patients in the hospital are now on an informal basis, and it is not felt

that a detailed account of admissions, transfers and discharges need be set out here. It may, however, be of interest to show the figures for admissions (both statutory and informal together) to the hospital from the three areas served by the hospital, starting with the year 1956, which is the year before the Worthing Service began (it started on 1st January, 1957, and the Chichester Service started on 1st January, 1958). The figures in the table below show the number of patients admitted to the hospital during the period 1st January to 12th October inclusive in the areas stated: "Worthing" and "Chichester" indicate the areas served by the two appropriate services, and "Horsham" indicates the remainder of the area served by Graylingwell.

Admissions of In-Patients to Graylingwell from 1st January to 12th October in each year stated.

| Year of admission | Total admitted | Admitted from: | | | Chichester plus Horsham |
|-------------------|----------------|----------------|------------|---------|-------------------------|
| | | Worthing | Chichester | Horsham | |
| 1956 | 1,069 | 504 | — | — | 565 |
| 1957 | 790 | 206 | 360 | 224 | 584 |
| 1958 | 589 | 183 | 179 | 227 | 406 |
| 1959 | 625 | 204 | 219 | 202 | 421 |
| 1960 | 663 | 232 | 218 | 213 | 431 |

(The column headed "Chichester plus Horsham" is given for comparison, since separate figures for Chichester and Horsham were not available for the year 1956).

It is hoped in due course to establish a Horsham Psychiatric Service: at present steps are being taken to find a suitable building (similar to The Acre at Worthing) but this is not proving easy.

Since the last visit the general health of the patients has been good, and no patient is suffering from infectious disease. The deaths and casualties which have occurred during the same period do not call for special comment.

I was glad to meet the Director of Clinical Research, Dr. Sainsbury, who gave me particulars of the wide range of interesting work which the Research Unit has been doing during the last three years.

The medical arrangements were described in some detail at the time of our visit in June 1958, and it is not proposed to examine them in detail. The class for general practitioners is now conducted by Dr. Vawdrey, who has succeeded Dr. Olive Sharp as Psychotherapist.

Dr. Carse, Dr. Morrissey, Dr. Sainsbury and Dr. Towers are Consultants. Dr. Panton, Dr. Alan-Watt, Dr. Scrivener, Dr. Redfearn and Dr. McBryde are S.H.M.O's. Dr. Kaye, Dr. Kreitman and Dr. A. R. Jones are Senior Registrars, and Dr. Cureton and Dr. Costain are Registrars. Dr. Bland and Dr. Hughes-Roberts are J.H.M.O's.

It has been a great pleasure, in this the last month of the existence of the Board of Control, to pay a return visit to Graylingwell and to see the consistent progress which the teamwork of all branches of the staff, under the imaginative leadership of Dr. Carse, is clearly continuing to achieve. In the coming years, those of us who have derived instruction and encouragement from our visits to this hospital, though we shall no longer be able to see for ourselves what is being done, will follow with much interest the news of further progress which we are sure will be forthcoming from time to time.

During my visit I had the pleasure of meeting Mr. England, the Group Secretary, who gave me information and assistance most helpfully. I should like also to thank Dr. Carse and all the members of the hospital staff, particularly Dr. Morrissey, Dr. Towers, Miss De Gras, Mr. Pratt and Sister Crowley, for all the help and guidance they willingly gave me as I went round.

A. K. ROSS,

Commissioner of the Board of Control.

THE CHURCH OF ENGLAND CHAPLAIN'S REPORT.

26th October, 1961.

Mr. Chairman, Ladies and Gentlemen,

In submitting my first report to you I must begin by recalling the faithful ministry of my predecessor, the Rev. R. R. Minton, who left Westhampnett at the end of last year to become Vicar of St. Alban's Church, Streatham Park, London, S.W. 16. The enquiries I have had for him are evidence of the regard in which he is held and of the appreciation felt for his work here since 1954. During the first part of the interregnum the Rev. F. T. Maydew was responsible for the Chaplain's work and later Canon S. L. Buckwell happily renewed his association with the Hospital.

Two services have been held each Sunday at 9.45 a.m. and 5.30 p.m. respectively, and have taken the form of shortened Matins and Evensong and of Holy Communion on the morning of the third Sunday in the month. The Free Church Chaplain, the Rev. A. W. H. Crowther has conducted Evensong on the second Sunday in the month and has kindly officiated on other occasions. Students from Chichester Theological College have likewise gladly conducted Evensong occasionally and have also visited some of the wards on certain Fridays. Others to whom we are indebted for help with the Sunday Services are:—Canon D. B. Eperson, Chaplain to Bishop Otter College, the Reverends L. C. K. French, R. E. Reynolds, A. W. Sale and T. D. S. Bayley also Mr. E. Irwin. Collections were taken for several good causes including the Hospital Benevolent Fund to which the proceeds of the alms boxes are placed.

The customary visit of the choir of St. Peter the Great under its conductor Mr. England, together with the Vicar, the Rev. C. W. F. Bennett to sing Stainer's "Crucifixion" on Good Friday was greatly appreciated, as was also the visit of the Bishop Otter College Choir, accompanied by Canon D. B. Eperson when "St. Luke's Passion" was sung. One is glad to acknowledge Mr. A. Ingram's work as organist throughout the year and that of the faithful few who help to lead the singing: also the Harvest Thanksgiving display by Mr. D. Dorrell and his staff and the diligence with which Mr. Brewer and his assistants care for the appearance of the Chapel.

Visiting of the wards, the villas and Summersdale Hospital also the occupational therapy groups, has gone on regularly. Weekly visits to geriatric wards for hymn singing have been undertaken. In this connection Mrs. Evans and Miss Gough with their associates, visit the Hospital regularly and conduct much valued devotional half-hours at Kingsmead Villa and at Summersdale. They also took part in a large gathering during Lent in connection with the Women's World Day of Prayer. I am grateful to the Vicar of Oving, the Rev. D. A. Johnson who is continuing to conduct a Service fortnightly at Woodfield, which he began at Mr. Minton's departure.

Finally, I wish to thank you, all sections of the Staff, and the patients for the welcome and help given me since coming to the Hospital, of which I had been assured by Dr. David Rice before I left Hellingly.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

C. W. FULLJAMES.

THE FREE CHURCH CHAPLAIN'S REPORT.

26th October, 1961.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the following report on my work as Free Church Chaplain at the Hospital during the past year.

During the period under review I have continued the policy of former years, the regular and systematic visitation in the wards of patients under my spiritual care. This method enables helpful personal relationships to be built up, with the result that the pastoral office is maintained to the patient during the period of residence in hospital. Frequently there arise opportunities for this ministry to be continued after discharge, if not by myself, then by a colleague.

The past year has seen the departure of the Rev. R. R. Minton to London and the appointment of the Rev. C. W. Fulljames as Church of England Chaplain. It has been good to see that the excellent co-operation which had existed previously is continuing, for this adds much to the privilege of service and makes for greater effectiveness in our joint ministry. It has again been possible for some patients to attend services at my own Church from time to time, and I am grateful to one of my church members who week by week provides transport for this. At Christmas my people prepared a small gift for each of the Free Church patients in hospital, and I am hopeful that this will be repeated again this year. In February a meeting was arranged by the Chichester and District Free Church Council at which the Medical Superintendent, Dr. Carse, was invited to speak, whilst I have also had opportunity to speak on my work as Chaplain and that of the hospital generally at meetings held in Chichester and Worthing.

In closing, may I express my sincere appreciation for the help and consideration afforded me by all members of the Hospital staff. I endeavour to visit every Free Church patient soon after the time of their admission to hospital, and in order that this may be done it is important that details of new patients should be made available during ward visits; I am grateful that these are so readily provided.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. W. CROWTHER.

THE ROMAN CATHOLIC CHAPLAIN'S REPORT.

26th October, 1961

Mr. Chairman, Ladies and Gentlemen,

Nineteen-hundred-and-sixty-one will go down in the Catholic annals of Graylingwell as the great year in which the Management Committee offered us a chapel of our own. As you know, your offer has been gratefully accepted. On your behalf, Mr. England has promptly put the work in hand and Mr. Wills is very ably carrying it out. We hope to be using the chapel by Christmas.

It is being formed by modifying a large room which formed part of the old Sanatorium building. A second, smaller room adjoining it is being fitted out as a sacristy, and it is so arranged that it can take an overflow of the congregation when the chapel is full.

Fr. Wilson has produced the design for the lay-out and decoration of both chapel and sacristy.

A small porch is being added around the outside door. The floor of both chapel and sacristy has been covered with Marley tiles. Benches and altar-rail have been ordered in Japanese oak. The altar has already been erected in synthetic stone. It is the gift of Mr. Gerald Jannece, the patentee of this stone. It is to be dressed with full hangings. The Parish has provided wooden turned candlesticks and altar linen. The domed tabernacle has been ordered. A wooden carved crucifix, the gift of Mr. D. D. Urquhart has been commissioned and is due to arrive soon. It is to hang over the altar. The material for the curtain against which the crucifix will hang, a rich red damask interwoven with gold, is being made up.

The chapel is lit by bowl lights set against the ceiling. It is heated by high-level infra-red ray lamps. The ceiling has been decorated in phlox pink, the walls in silver birch grey.

The completed chapel will be a feature of which the whole Hospital will, I am sure, be proud. To the Catholics on the Staff and among the patients, it will be a source of endless delight.

For many years the Holy Sacrifice of the Mass has been offered each Tuesday morning in the lounge of Kingsmead Villa. We cannot speak too highly, or with sufficient gratitude, of the

kindness and helpfulness of the Sister and staff of Kingsmead, who have given us every facility and welcomed us to the use of their premises. But what a joy it will be to have a place of our own after being guests so long! We even hope that our Bishop may sanction the reservation of the Blessed Sacrament in the new chapel. If he does, the Catholics who live and work at Graylingwell will have the great consolation of enjoying the abiding, invisible but bodily presence of Christ Our Lord in the Hospital.

Fr. Wilson has been looking after the Catholics at Graylingwell with unfailing devotion throughout the year. I wish to thank him on their behalf. Fr. Wilson however, will, I am sure, agree that this year I should reserve the special thanks of the Catholic community of Chichester for the Committee of Management who have provided this chapel to be the permanent centre of prayer and peace for the Catholic patients and staff of your hospital.

Begging you therefore to accept this expression of our gratitude,

I remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

LANGTON D. FOX.

GRAYLINGWELL HOSPITAL IN-PATIENTS

Cost Statements for year ended 31st March, 1961

| | | Cost Unit | ... | Per Patient Week | | | | |
|--|--|-------------|-----|------------------|------------------|--------------------------------|----|----|
| | | Total Units | ... | 49,700 | | | | |
| | | ITEM | | | Expend- iture | Unit Costs per Patient Week | | |
| <i>Direct Expenditure</i> | | | | | £ | £ | s. | d. |
| Salaries and Wages | | | | | | | | |
| | Medical (Including R.H.B. Allocation) | ... | ... | ... | 18,920 | | 7 | 7 |
| | Nursing | ... | ... | ... | 149,676 | 3 | 0 | 3 |
| | Domestic... | ... | ... | ... | 14,061 | | 5 | 8 |
| | Professional and Technical | ... | ... | ... | 4,143 | | 1 | 8 |
| | Other Staff | ... | ... | ... | 5,460 | | 2 | 2 |
| | Patients Clothing | ... | ... | ... | 5 585 | | 2 | 3 |
| | Drugs | ... | ... | ... | 10,104 | | 4 | 1 |
| | Dressings | ... | ... | ... | 780 | | | 4 |
| | Medical & Surgical Appliances & Equipment | ... | ... | ... | 1,990 | | | 10 |
| | Furniture, Furnishings and Fittings | ... | ... | ... | 4,832 | | 2 | 0 |
| | Hardware and Crockery | ... | ... | ... | 425 | | | 2 |
| | Bedding and Linen | ... | ... | ... | 2,436 | | 1 | 0 |
| | Water | ... | ... | ... | 1,868 | | | 9 |
| | Rents and Rates | ... | ... | ... | 8,338 | | 3 | 4 |
| | Occupational Therapy (Expenditure less Income) | ... | ... | ... | Cr. 102 | | | — |
| | Patients Allowances | ... | ... | ... | 7,274 | | 2 | 11 |
| <i>Other Direct Expenses</i> | | | | | | | | |
| | Cleaning Materials | ... | ... | ... | 2,571 | | 1 | 0 |
| | Staff Uniforms and Clothing | ... | ... | ... | 2,230 | | | 11 |
| | Cleaning Appliances | ... | ... | ... | 214 | | | 1 |
| | Staff Travelling Allowances | ... | ... | ... | 149 | | | — |
| | Miscellaneous | ... | ... | ... | 21,987 | | 8 | 10 |
| TOTAL DIRECT EXPENDITURE & UNIT COST | | | | | 262,941 | 5 | 5 | 10 |
| <i>Indirect Expenditure (Transfers from General Service Accounts)</i> | | | | | | | | |
| | Dispensary | ... | ... | ... | 2,476 | | 1 | 0 |
| | Cleaning and General Portering | ... | ... | ... | 7,603 | | 3 | 1 |
| | Medical (Records and Clerical) Services | ... | ... | ... | 1,105 | | | 5 |
| | Works and Maintenance | ... | ... | ... | 22,018 | | 8 | 11 |
| | Power, Lighting and Heating | ... | ... | ... | 24,837 | | 10 | 0 |
| | Laundry | ... | ... | ... | 14,774 | | 5 | 11 |
| | Catering | ... | ... | ... | 92,438 | 1 | 17 | 2 |
| | General Administration | ... | ... | ... | 38,096 | | 15 | 4 |
| TOTAL INDIRECT EXPENDITURE & UNIT COST | | | | | 203,347 | 4 | 1 | 10 |
| Total Direct & Indirect Expenditure & Unit Cost | | | | | 466,288 | 9 | 7 | 8 |
| Maintenance of Grounds | | | | | 9,918 | | 4 | 0 |
| <i>Deduct Direct Credits...</i> | | | | | Cr. 11,401 | Cr. | 4 | 7 |
| TOTAL NET EXPENDITURE IN-PATIENT DEPARTMENTS AND UNIT COSTS | | | | | 464,805 | 9 | 7 | 1 |
| <i>Medical Service Departments (Proportion of expenditure relative to In-patients)</i> | | | | | | | | |
| | Diagnostic X-Ray | ... | ... | ... | 895 | | | 4 |
| | Pathological Laboratory | ... | ... | ... | 3,511 | | 1 | 5 |
| | Physiotherapy | ... | ... | ... | 188 | | | 1 |
| | | | | | 469,399 | 9 | 8 | 11 |

GRAYLINGWELL HOSPITAL MANAGEMENT COMMITTEE

*Summary of Group Expenditure for year ended
31st March, 1961.*

| ITEM | | | | | AMOUNT |
|---|-----|-----|-----|-----|---------|
| <i>Expenditure</i> | | | | | £ |
| Salaries—Medical | ... | ... | ... | ... | 41,332 |
| Nursing | ... | ... | ... | ... | 164,811 |
| Other Staff | ... | ... | ... | ... | 138,415 |
| Provisions | ... | ... | ... | ... | 67,767 |
| Patients Clothing | ... | ... | ... | ... | 5,588 |
| Staff Uniforms | ... | ... | ... | ... | 2,521 |
| Drugs, Dressings, Medical and Surgical Appliances | ... | ... | ... | ... | 14,554 |
| Fuel, Light, Power and Water | ... | ... | ... | ... | 37,775 |
| Laundry | ... | ... | ... | ... | 14,222 |
| Maintenance Buildings, Plant and Grounds | ... | ... | ... | ... | 31,193 |
| Furniture and Furnishings | ... | ... | ... | ... | 5,770 |
| Hardware and Crockery... | ... | ... | ... | ... | 938 |
| Bedding and Linen | ... | ... | ... | ... | 2,730 |
| Cleaning Materials | ... | ... | ... | ... | 3,354 |
| Transport and Travelling Expenses | ... | ... | ... | ... | 3,403 |
| Occupational Therapy | ... | ... | ... | ... | 1,857 |
| Rent and Rates | ... | ... | ... | ... | 12,265 |
| Printing, Stationery, etc. | ... | ... | ... | ... | 5,522 |
| Shops | ... | ... | ... | ... | 16,362 |
| Market Garden | ... | ... | ... | ... | 5,072 |
| Patients' Allowances | ... | ... | ... | ... | 7,387 |
| Miscellaneous | ... | ... | ... | ... | 2,907 |
| | | | | | 585,745 |
| <i>Less Direct Credits</i> | | | | | £ |
| Staff Deductions & Charges for Board & Lodging | ... | ... | ... | ... | 12,391 |
| Occupational Therapy Sales | ... | ... | ... | ... | 1,950 |
| Shops | ... | ... | ... | ... | 19,103 |
| Market Garden Income | ... | ... | ... | ... | 11,005 |
| Other Authorities for Steam Supplies | ... | ... | ... | ... | 18,761 |
| Other Receipts | ... | ... | ... | ... | 2,681 |
| | | | | | 65,891 |
| | | | | | 519,854 |

General Table, showing the Movement of the Hospital Population during the year 1960.

| MENTAL HEALTH ACT, 1959 | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----|------|--------------------|------|------|------------|----|------------|----|------------|----|------------|----|------------|----|------------|----|-------|------|------|
| Lunacy Act 1890 | | | | | | | | | | | | | | | | | | | | |
| Certified | | | Section 5 Informal | | | Section 25 | | Section 26 | | Section 29 | | Section 30 | | Section 60 | | Section 65 | | Total | | |
| M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. | M. | F. | T. |
| 15 | 11 | 26 | 294 | 674 | 968 | | | | | | | | | | | | | 309 | 685 | 994 |
| 40 | 70 | 110 | 264 | 459 | 723 | — | 8 | — | 3 | 3 | 6 | 5 | 11 | | | | | 310 | 545 | 855 |
| -46 | -66 | -112 | -1 | -1 | | 44 | 62 | 104 | 1 | 5 | 1 | 10 | 14 | 18 | 1 | 1 | — | — | — | — |
| 9 | 15 | 24 | 601 | 1194 | 1795 | 1 | 8 | 9 | 8 | 13 | 21 | | | | | | | 619 | 1230 | 1849 |
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Table showing the Admissions, Discharges and Deaths with the mean Annual Mortality, and Proportion of Recoveries per cent. on Admission.

| Year | Admitted | | | Discharged | | | | | | | | | | | | Died | | | | | | | | | | | | Remaining 31st Dec. | | | | | | Average Number on Register | | | | | | Percentage of Recoveries on Admissions exc- luding Transfers | | | | | | Percentage of Deaths on Ave- rage Number o Register | | | | | |
|------|----------|-----|------|------------|-----|-----|-----|-----|-----|--------------|----|-----|----|-----|-----|------|-----|------|-----|-----|------|-------|-------|-------|-------|-------|-------|------------------------|---|---|--|--|--|----------------------------------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| | | | | Recovered | | | | | | Not Improved | | | | | | Died | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | M | F | T | | | | | | | | | | | | | | | | | | | | | |
| 1930 | 68 | 88 | 156 | 20 | 33 | 53 | 3 | 10 | 13 | 9 | 4 | 13 | 28 | 24 | 52 | 359 | 543 | 902 | 353 | 529 | 882 | 31.75 | 43.42 | 38.13 | 7.79 | 4.54 | 5.80 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1931 | 69 | 117 | 186 | 18 | 44 | 62 | 8 | 15 | 23 | 11 | 9 | 20 | 24 | 27 | 51 | 367 | 565 | 932 | 362 | 551 | 913 | 30.00 | 40.00 | 36.50 | 6.60 | 4.90 | 5.67 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1932 | 88 | 122 | 210 | 23 | 43 | 66 | 11 | 15 | 26 | 5 | 15 | 20 | 38 | 34 | 72 | 378 | 580 | 958 | 370 | 571 | 941 | 29.10 | 38.50 | 34.60 | 10.30 | 5.90 | 7.75 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1933 | 89 | 132 | 221 | 30 | 69 | 99 | 11 | 15 | 26 | 13 | 7 | 20 | 24 | 33 | 57 | 389 | 588 | 977 | 380 | 582 | 962 | 36.60 | 56.60 | 38.50 | 6.30 | 5.70 | 5.92 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1934 | 128 | 175 | 303 | 49 | 60 | 109 | 16 | 20 | 36 | 7 | 20 | 27 | 45 | 51 | 96 | 400 | 612 | 1012 | 397 | 600 | 997 | 41.00 | 36.60 | 38.40 | 11.40 | 8.50 | 9.60 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1935 | 113 | 164 | 277 | 35 | 76 | 111 | 8 | 18 | 26 | 8 | 8 | 16 | 38 | 37 | 75 | 424 | 637 | 1061 | 401 | 622 | 1023 | 34.00 | 47.20 | 42.00 | 9.50 | 5.90 | 7.30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1936 | 106 | 154 | 260 | 43 | 73 | 116 | 16 | 25 | 41 | 3 | 12 | 15 | 36 | 51 | 87 | 432 | 630 | 1062 | 426 | 629 | 1055 | 41.70 | 49.30 | 46.20 | 8.40 | 8.10 | 8.20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1937 | 116 | 186 | 302 | 48 | 67 | 115 | 19 | 25 | 44 | 10 | 13 | 23 | 41 | 64 | 105 | 430 | 647 | 1077 | 430 | 634 | 1064 | 43.20 | 37.00 | 39.40 | 9.50 | 10.10 | 9.90 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1938 | 105 | 174 | 279 | 29 | 67 | 96 | 18 | 37 | 55 | 19 | 18 | 37 | 41 | 42 | 83 | 422 | 643 | 1065 | 422 | 643 | 1065 | 29.30 | 42.90 | 37.60 | 9.70 | 6.50 | 7.80 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1939 | 128 | 221 | 349 | 42 | 82 | 124 | 33 | 38 | 71 | 10 | 19 | 29 | 38 | 60 | 98 | 417 | 643 | 1060 | 425 | 638 | 1063 | 35.60 | 41.00 | 39.00 | 8.90 | 9.40 | 9.20 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1940 | 128 | 182 | 310 | 40 | 86 | 126 | 42 | 32 | 74 | 12 | 7 | 19 | 45 | 61 | 106 | 406 | 639 | 1045 | 414 | 637 | 1051 | 32.20 | 48.90 | 42.00 | 10.90 | 9.60 | 10.10 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1941 | 108 | 225 | 333 | 41 | 61 | 102 | 18 | 42 | 60 | 9 | 10 | 19 | 34 | 75 | 109 | 412 | 676 | 1088 | 409 | 633 | 1042 | 39.40 | 35.20 | 36.80 | 8.30 | 11.80 | 10.40 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1942 | 92 | 176 | 268 | 52 | 81 | 133 | 16 | 29 | 45 | 5 | 3 | 8 | 34 | 67 | 101 | 397 | 672 | 1069 | 409 | 665 | 1074 | 57.77 | 46.55 | 50.37 | 8.31 | 10.07 | 9.40 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1943 | 119 | 194 | 313 | 50 | 123 | 173 | 22 | 20 | 42 | 11 | 7 | 18 | 39 | 49 | 88 | 394 | 667 | 1061 | 389 | 664 | 1053 | 42.37 | 64.06 | 55.80 | 10.02 | 7.38 | 8.35 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1944 | 124 | 236 | 360 | 62 | 132 | 194 | 25 | 37 | 62 | 8 | 1 | 9 | 37 | 56 | 93 | 386 | 677 | 1063 | 385 | 671 | 1056 | 51.20 | 57.10 | 55.10 | 9.60 | 8.30 | 8.80 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1945 | 150 | 289 | 439 | 71 | 163 | 234 | 22 | 46 | 68 | 7 | 11 | 18 | 43 | 68 | 111 | 393 | 679 | 1072 | 385 | 671 | 1056 | 47.97 | 57.39 | 54.16 | 11.16 | 10.13 | 10.51 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1946 | 205 | 321 | 526 | 92 | 174 | 266 | 44 | 74 | 118 | 11 | 12 | 23 | 45 | 67 | 112 | 406 | 677 | 1083 | 396 | 684 | 1080 | 44.90 | 54.20 | 50.60 | 11.40 | 9.80 | 10.40 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1947 | 224 | 350 | 574 | 92 | 191 | 283 | 73 | 78 | 151 | 14 | 14 | 28 | 42 | 79 | 121 | 409 | 665 | 1074 | 404 | 658 | 1062 | 44.80 | 56.00 | 50.40 | 10.40 | 12.00 | 11.40 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1948 | 208 | 381 | 589 | 82 | 158 | 240 | 68 | 104 | 172 | 28 | 20 | 48 | 44 | 47 | 91 | 395 | 717 | 1112 | 404 | 697 | 1101 | 40.80 | 42.25 | 41.74 | 10.89 | 6.74 | 8.27 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1949 | 264 | 484 | 748 | 101 | 206 | 307 | 72 | 165 | 237 | 24 | 16 | 40 | 69 | 87 | 156 | 393 | 727 | 1120 | 392 | 713 | 1105 | 38.50 | 43.30 | 41.60 | 17.60 | 12.20 | 14.10 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1950 | 254 | 481 | 735 | 128 | 207 | 335 | 86 | 200 | 286 | 15 | 19 | 34 | 34 | 58 | 92 | 384 | 724 | 1108 | 391 | 726 | 1117 | 50.60 | 43.40 | 45.88 | 8.70 | 7.99 | 8.24 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1951 | 295 | 567 | 862 | 149 | 290 | 439 | 87 | 185 | 272 | 22 | 25 | 47 | 45 | 62 | 107 | 376 | 729 | 1105 | 387 | 737 | 1124 | 51.55 | 51.33 | 51.41 | 11.63 | 8.41 | 9.52 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1952 | 300 | 624 | 924 | 158 | 320 | 478 | 82 | 190 | 272 | 16 | 31 | 47 | 48 | 61 | 109 | 372 | 751 | 1123 | 375 | 748 | 1123 | 53.20 | 51.61 | 52.13 | 12.80 | 8.16 | 9.71 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1953 | 334 | 738 | 1072 | 194 | 427 | 621 | 88 | 194 | 282 | 23 | 39 | 62 | 28 | 58 | 86 | 373 | 771 | 1144 | 360 | 769 | 1129 | 58.61 | 58.49 | 58.52 | 7.70 | 7.57 | 7.61 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1954 | 383 | 677 | 1060 | 191 | 387 | 578 | 110 | 172 | 282 | 41 | 56 | 97 | 33 | 59 | 92 | 380 | 774 | 1154 | 377 | 772 | 1149 | 50.53 | 57.42 | 54.94 | 8.75 | 7.64 | 8.01 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1955 | 403 | 753 | 1156 | 189 | 432 | 621 | 142 | 229 | 371 | 36 | 62 | 98 | 38 | 52 | 90 | 378 | 752 | 1130 | 378 | 789 | 1167 | 47.13 | 57.60 | 53.95 | 10.00 | 6.60 | 7.70 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1956 | 427 | 920 | 1347 | 193 | 510 | 703 | 185 | 257 | 442 | 42 | 89 | 131 | 40 | 66 | 106 | 345 | 750 | 1095 | 376 | 764 | 1140 | 45.41 | 55.44 | 52.27 | 10.60 | 8.60 | 9.30 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1957 | 380 | 658 | 1038 | 156 | 313 | 469 | 119 | 214 | 333 | 45 | 66 | 111 | 66 | 50 | 116 | 339 | 765 | 1104 | 342 | 750 | 1092 | 41.38 | 47.78 | 45.44 | 19.30 | 6.66 | 10.63 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1958 | 246 | 518 | 764 | 72 | 209 | 281 | 153 | 215 | 368 | 18 | 72 | 90 | 49 | 86 | 135 | 293 | 701 | 994 | 323 | 738 | 1061 | 29.51 | 40.58 | 37.02 | 15.17 | 11.65 | 12.72 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1959 | 299 | 489 | 788 | 94 | 185 | 279 | 102 | 200 | 302 | 38 | 47 | 85 | 49 | 73 | 122 | 309 | 685 | 994 | 319 | 703 | 1022 | 31.54 | 37.95 | 35.37 | 15.36 | 10.38 | 11.94 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1960 | 310 | 545 | 855 | 102 | 159 | 261 | 119 | 246 | 365 | 31 | 47 | 78 | 62 | 104 | 166 | 305 | 674 | 979 | 318 | 698 | 1016 | 33.01 | 29.23 | 30.60 | 19.50 | 14.90 | 16.34 | | | | | | | | | | | | | | | | | | | | | | | | |

